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CONTENTS:

COMMUNICATIONS.

- HARE, H. A. M.D., Philadelphia, Pa.—The Fatality of Cardiac Injuries.....729
ANDERS, J. M., M.D., Philadelphia, Pa.—The Ventilation of Cities, or the Sanitary Value of Interior Open Spaces.....731
KEMPER, G. W. H., M.D., Muncie, Ind.—Antiseptics in Normal Labor.....734
HARDCASTLE, JEROME, M.D., Cecilton, Md.—The Value of Chloral Hydrate.....737

SOCIETY REPORTS.

- Medical Society of the County of New York.....738

HOSPITAL NOTES.

- Canton Hospital, Canton, China.....740

PERISCOPE.

The Severe Vomiting of Pregnancy.—Hemorrhage from the Bowel in Typhoid Fever, 742. The Significance of a Fetal Cardiac Rhythm, 743. Mr. Stanley on Arrow Poison.—The Bacteriology of Tetanus.—Professor Kremianski on Tubercle Bacilli, 744.—Incurability of Syphilis.—Ectopic Testicle, 745. Splenectomy for Floating Spleen with Strangulated Pedicle.—An Epidemic of Parotitis.—Harmlessness of Saccharin, 746.

EDITORIALS.

- A NEW TREATMENT FOR CHRONIC RINGWORM OF THE SCALP.....747

EDITORIALS—Continued.

- TREATMENT OF CANCER BY ELECTRICITY.....748
FLUORINE AS A REMEDIAL AGENT.....748
PATHOLOGICAL ANATOMY OF ESSENTIAL EPILEPSY.....749
IDLENES AND INEPTITUDE.....749
CONSOLIDATION OF MEDICAL JOURNALS.....749

BOOK REVIEWS.

- BINET; The Psychic Life of Micro-organisms.....750

LITERARY NOTES.

-750

NOTES AND COMMENTS.

The Purification of Sewage, 750. Bicarbonate of Sodium and Bichloride of Mercury in the Treatment of Yellow Fever.—Important Notice to the Medical Profession.—Quinine Rash, 751. Ice-bags in the Night-Sweats of Phthisis.—Execution by Electricity.—Creosote Pills, 752. Administration of Belladonna in Whooping Cough.—Some Abuses of Etherization.—Strophanthus for Dyspnoea, 753. Bichloride of Mercury in Anemia.—Treatment of Rheumatism.—Abortive Treatment of Gonorrhoea after Cocaine Anesthesia.—A Large Bill, 754. Salicylates in Pruritus Scillitis.—Treatment of Typhilitis.—Fatal Injury from Base-ball, 755.

NEWS AND MISCELLANY.....755, 756

- OBITUARY.—James Ethelbert Morgan, M.D., James B. Hunter, M.D.....756

COMMUNICATIONS.

THE FATALITY OF CARDIAC INJURIES.

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The question as to how long a human being can live after an injury to the most vital portion of his body is of the greatest importance from several aspects. In the first place there are a large number of medico-legal points of the most important character involved, not only as to circumstantial evidence in criminal cases, but also as to survivorship, and the ability to perform certain conscious acts after the reception of the wound, such as the signing or destroying of any paper, or the infliction of injuries by way of retaliation by the primarily injured party.

My attention has been called to this matter to a considerable extent of late and particularly by the article published in *Lo Sperimentale*, March, 1889, by Cristiani, Assistant Professor of Forensic Medicine in the University of Pisa, the drift of which is, briefly, as follows: A man aged twenty-five was stabbed, in a brawl, in several places. One wound was in the fifth interspace on the left side, near the anterior axillary line. There was a second wound in the eighth interspace on the same side, extending from the posterior border of the axilla toward the shoulder blade. There was also a stab of the left hip and several stabs on the right arm. After the second wound was received—the one near the præcordia—the man fell, but retained consciousness. After being taken home he was seen by a physician, who found him still conscious, with respirations at fifty a minute and pressing dyspnoea. This state lasted for eight or ten days. The wound over the heart healed in seven days, and that in the eighth interspace in eight days. On the eighteenth day the patient got up, though still weak, and on the thirty-seventh

day, while yet feeling ill, he walked to Pisa and back—a distance of six miles and a quarter. This was done in the morning; in the afternoon of the same day he walked nearly two miles, climbed a tree after a bird's nest, and fell to the ground, dying ten minutes later.

At the autopsy it was found that the wound in the fifth interspace had penetrated the pericardium and deeply wounded the wall of the left ventricle at a distance of three and a half centimeters from the apex, but had not actually entered the ventricle. The mouth of this wound was filled with a soft clot, which was removed and a mass of organized blood-clot was found below it. This mass had ruptured by reason of the increased strain, so that there was an opening into the ventricle through which the fatal hemorrhage took place.

In the same article is a report by Messeri, of Florence, relating the case of a man, thirty years old, who was stabbed in the fourth interspace a half inch to the left of the sternum. When admitted to the hospital he was apparently dying, but he soon recovered, and his wound healed rapidly. Twenty-one days later he asked to be discharged, and when this was refused fell into a rage, stepped into the garden and dropped dead almost at once, with cyanosis and dyspnea as prominent symptoms. The thorax contained much blood and an opened wound was found in the right ventricle near the sulcus and also a wound of the septum. Messeri also refers to statistics collected by Zanetti, who finds that, in one hundred and fifty-nine cases of wound of the heart, in only ten was the septum injured, and that in seven of these death occurred at once, in one it took place in an hour and a quarter, in another in two hours, while the other patient lived twenty days.

Having recently had occasion to look into this matter myself, I have found in medical literature a number of cases recorded where similar survival after severe injury occurred. Thus, Fischer¹ has collected no less than four hundred and fifty-two cases of injury to the heart and pericardium, in no less than seventy-two of which the patient recovered, while in two hundred and seventy-six death took place at periods varying from one hour to nine months. Death was immediate in one hundred and four cases. Of the seventy-two recoveries, examinations, made long after, in thirty-six of the cases, proved the diagnosis to be absolutely correct. Of

these seventy-two cases, ten were punctured wounds, forty-three incised, twelve gunshot, and seven lacerated; fifty were wounds of the heart, and twenty-two of the pericardium.

Purple¹ also records forty-two cases of wounds of the heart in which death did not come on immediately. Randalls records a case of a colored boy who lived sixty-seven days with a number of shot in the heart-muscle, and Ferrus a case in which the patient lived twenty-one days with the heart transfixed with a skewer.

It is apparent, therefore, that all wounds of the heart do not cause instant death, or even any lethal ending. Further than this Heil² records an instance in which the patient survived a year, and died of another disease, the post-mortem disclosing a cicatrix in the walls of the aorta. Again, in the *Lancet*, 1887, a case is recorded in which a man, 77 years old, made nine punctures with a darning needle in different parts of his body, one of them penetrating the heart. He lived "an hour or more" after the cardiac injury. Wharton and Stillé record several cases; and at least three instances are on record in this city.

In the *American Journal of the Medical Sciences*, July, 1861, a case is recorded in which a bullet was imbedded in the heart for 20 years; and as long ago as 1829 Dr. Redman Coxe contributed a paper on this subject to the journal just named. Lamballe, in the *Archives Gén. de Méd.* for September, 1839, has also contributed a valuable paper upon this question.

Ollivier and Lawson³ have collected 29 instances of penetrating heart wounds, of which only two proved fatal within 48 hours; the rest of the subjects died in from four to twenty-eight days after receiving the injury. The Duc de Berri lived eight hours after a wound of the left ventricle; and Watson saw a case in which a man ran eighteen yards after such a wound. Those who are interested as to further discussion of this subject I may refer to the paper of Mesbrenier in the *Annales d'Hygiène*, 1879, i, p. 257.

These observations and reports are of sufficient interest to show that careful statements should be made by physicians when called to the witness-stand, and to make it evident that a wound of the heart is in itself not necessarily fatal, and that the fatality of such a wound depends upon

¹ *Arch. für klin. Chir.* von Langenbeck; Bd. IX. s. 571, 1868.

² *New York Med. Journal*, May, 1855.

³ *Henke Zeitschrift*, 1847.

⁴ *Devergie, Méd. Légale*, vol. ii, p. 253.

the hemorrhage which ensues from a complete solution of continuity of the heart wall or an involvement of the nervous ganglia in the heart substance.

This communication has been made by me rather in the sense of a preliminary note, and I am now carrying out a series of experiments on the heart of the lower animals, with the object of obtaining material for practical deductions, both medico-legal and surgical, and which I hope to place on record before the lapse of many weeks.

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THE VENTILATION OF CITIES, OR THE SANITARY VALUE OF INTERIOR OPEN SPACES.¹

BY J. M. ANDERS, M.D.,
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Large cities cannot afford to be systematically neglectful in regard to sanitary matters. Human life and public health are too valuable to be estimated in dollars and cents. Wherever human beings congregate, a plentiful supply of fresh pure air in constant movement is necessary to the preservation of sound health. A stagnant air is slowly but surely mortal. Among the sanitary needs of a city, good ventilation ranks second to none. In this connection, the question of open spaces in cities is far-reaching in its relation to the cause of many of the more commonly prevailing as well as most fatal diseases; and it also involves a consideration of the ill effects of overcrowding, which is caused largely by the tenement system of building houses, by high buildings, narrow streets, and by small counting-rooms.

It is to be noted that the rate of increase in population of cities and their growth in area are not, as a rule, in equal ratio. As pointed out by Professor E. R. L. Gould,² "they grow rapidly in height, but not so fast in length or breadth." The comparative growth of urban and non-urban populations during thirty years is also mentioned by Gould, who writes: "In the United States, in 1850, the inhabitants of cities amounted to 12.5 in each 100 of the total population; in 1880 the number had advanced to 22.5, an increase of 80 per cent."

For the last quarter of a century there has been observed an increasing popular

sentiment in favor of small parks. This favorable change of public opinion is due largely to the fact that, wherever open spaces have been created in populous centres, they have proved of incalculable benefit in a great variety of ways.

No member of the medical profession, knowing the importance to sound health of pure fresh air and sunlight, can reflect upon the unfortunate state of society as met with in some of the worst quarters of large cities, where persons are often packed together without the slightest regard to the proper cubic air-space per head, and escape the conviction that something ought to be done speedily to bring relief to all who are exposed to these pernicious influences. That the powers of the human system are intolerant of the baneful effects of overcrowding is no new fact in medical science. Massing a population unduly lowers the general vitality and favors the development of such diseases as rickets, anæmia, phthisis, and others. There is also a group of infectious and contagious diseases—more especially measles, scarlatina, diphtheria and typhoid fever—for whose propagation densely populated districts, where natural ventilation is defective, furnish a good breeding-ground.

All sanitary authorities agree that the cubic air-space per head should not be less than one thousand cubic feet, and that the air of this space should be thrice renewed every hour, if we would prevent undue accumulation of noxious organic substances which are given off in respiration and by the skin. Perhaps all except our best homes fall short of this hygienic requirement; and certain it is that in the homes of the poor the average cubic space per head is reduced to less than one-third of that mentioned as necessary.

Wilson,¹ speaking with special reference to society as found in European cities, states that among the poorer classes the cubic space for each person, instead of approaching to one thousand feet, in numbers of cases does not amount to two hundred feet. In the tenement houses of New York City and Brooklyn we have the most impressive example of the evil consequences of the massing of a population to be found in the United States. One of the wards in New York City has over 290,000 persons to the square mile, and several have a population of 200,000 to the same area. One-half of the whole population, indeed, lives in these houses, while more than seventy-five per

¹ Intended to be read before the Medical Society of the State of Pennsylvania, June 5, 1889.

² Open Spaces in Cities.

¹ Text-Book of Hygiene, p. 252.

cent. of all deaths occur here. In view of the hygienic truth that the mortality rate increases with the density of the population, the fact that not many years since the death rate in New York City was 28 in 1000 per annum will excite no surprise. And we need not wonder at the declaration of an eminent authority when he states that there is no third generation in many New York tenement houses.

Time was when the chances of life were twice as good in the rural districts of England as in Liverpool and Manchester,¹ and less than half a century ago the mortality rate of nearly all great cities bore to sparsely populated rural districts about the same ratio.

Within the last twenty-five years, however, all this has been greatly changed; the annual average death rate in many of the older cities has already been reduced by nearly one-half. To some extent this has been occasioned by the enforcement of better sanitary rules and regulations, more especially such as pertain to the drainage, on the part of local and state boards of health, and also by a better knowledge of hygienic principles and the spreading of that knowledge among the people. But it has been clearly observed that, in consequence of having created new interior open spaces and public parks and having widened their thoroughfares, thereby securing a better system of outdoor ventilation for the people, many of the older European cities have greatly assisted in lowering their mortality rate.

The sanitary importance of ventilating the home is universally acknowledged. But a perfect system of ventilation implies that the air admitted to our dwellings shall be pure. Now this cannot be the case in districts where the buildings are high, the streets narrow and tortuous, often near alleys and occupied by a dense population, and with light and fresh air practically excluded. Surely under these conditions foul air is abundantly generated and filth especially accumulates. In cities, an efficient system of indoor ventilation must go hand in hand with an efficient system of outdoor ventilation, the one always implying the other. In order to secure a proper air movement and a plentiful supply of fresh air, the streets should be wide, and frequently recurring small breathing spaces should be introduced, especially in overcrowded parts; thus to some extent scattering the population, on the one hand,

and admitting sunlight and fresh air on the other.

Open spaces act as powerful ventilators of large cities, not only by diluting any impurities that may be present, but also by their favorable influence in promoting mild wind-currents. This is especially true where public squares communicate with wide avenues or streets open at each end. With a view of showing the great importance of interior open spaces to the best interests of the inhabitants of large cities, we have the testimony of Dr. T. Newell.¹ This author, speaking with reference to London, a city liberally provided with park areas, says: "Reckoning the population of London at 4,100,000, the reduction in the death rate during the last two hundred years shows a saving of 91,020 lives for the year 1886, more than two-thirds of the population of Providence. The extravagant employment of 'fresh air' and 'elbow room' has doubtless been the most important factor in bringing about this desirable change."

As showing the favorable influence of wide streets over the prevalence of phthisis, we also have the results of the very interesting observations by Dr. Arthur Ransome upon the causes of this disease, in Manchester, England. He writes: "The longest and widest streets in the district were Jersey Street, with ten deaths, and George Street, with eight deaths; but the number in these streets is approached by the mortality of eight deaths in Hood Street, which is only half its length, but which is a mere lane, blocked at each end, so as to obstruct free ventilation. Again, Henry Street, which is a long thoroughfare, has only four such deaths, while Boord Street, a narrow *cul-de-sac*, only a quarter its length, has seven." Dr. Ransome's investigations furnish fresh evidence of the fact that some of the most fatal as well as most prevalent diseases are to a great extent within human control, and that these would lose much of their terror if more decided measures were adopted to prevent them.

So much for the sanitary effects of city air-holes as mere open spaces; much might be said concerning their hygienic value when treated of as spaces filled with growing vegetation. The salutary influence of living plants upon the air, however, having received a good deal of attention during the last decade, will here be dismissed with the mere enumeration of a few well-established facts. The effect of a space filled with growing trees and shrubbery is to

¹ Twenty-fifth Report of the Registrar General.

¹ Interior Open Spaces in Cities, 1889.

increase slightly the local degree of saturation and to maintain its equability; to increase the ozonizing power of the atmosphere, thus rendering it safer and purer; to furnish grateful shade, which also has a cooling effect upon the air in summer, and to exercise a well-known moral or æsthetic influence.

This question also has its humanitarian aspects. Every large city has its toiling multitude, which cannot get a change of air during the heated term—cannot even, for want of means and time, reach the larger parks and pleasure grounds, which may be but a few miles distant from the scenes of their daily labor. For this large class, as well as the sick children of workmen, numerous open spaces, at short distances from each other, though they are small, would, as before stated, be of incalculable benefit as places in which to spend a brief period for refreshing and healthful recreation.

The members of this Society may be interested in knowing what provision has been made by certain leading foreign and American cities in the direction of public parks for the people. The subjoined tables show the park acreage as well as the proportionate population per acre.¹

PARK ACREAGE OF CITIES OF THE UNITED STATES.

	Population.	Park Acreage.	Population per Acre.
Providence	123,000	123	1,000
Boston	400,000	2,000	200
New York	1,839,000	4,902	375
Philadelphia	971,363	3,000	323
Brooklyn	665,600	940	639
Chicago	704,000	3,000	234
St. Louis	400,000	2,232	179
Washington	205,000	1,000	205
Baltimore	355,000	832	439
Cincinnati	325,000	539	603
San Francisco	270,000	1,181	211
Buffalo	202,000	620	326
Detroit	175,000	740	204
Minneapolis	129,200	808	159
Savannah	33,000	60	550
New Haven	80,000	384	208
Bridgeport	40,000	240	170
Worcester	68,000	280	243
Pittsburgh	156,389	1.25	120,299

FOREIGN CITIES.

	Population.	Park Acreage.	Population per Acre.
London	3,832,000	22,000	174
Paris	2,270,000	58,000	37
Berlin	1,122,000	5,000	229
Vienna	1,103,000	8,000	138
Brussels	380,000	1,000	380
Amsterdam	350,000	800	437
Dublin	250,000	1,900	131
Montreal	120,000	550	218

From a glance at the foregoing tables it is seen that there is great diversity in the extent of the park area in proportion to the population. Among the cities having the smallest park surface are Providence, Brooklyn, Cincinnati, Savannah, and Pittsburgh, the last named having only one and one-third acres, and, although it may appear strange, this small open space is said to be difficult to locate. I may be excused for stating that it is a disgrace to Pittsburgh that it cannot afford more play-grounds for the children and breathing-spaces for their parents. The inhabitants of this enterprising city should remember that to continue to disbelieve in fresh air will inevitably lead to physical degeneration.

Dr. Gould,¹ in a recent article, has formulated a table giving a classification of open spaces as to size, together with the largest open space in acres for certain American cities. What will strike the reader of this table most is the tendency in cities to large parks and the absence of a liberal number of small open spaces in the squalid portions in which the population is densely herded together, and where light and air are most needed.

In conclusion, it should be pointed out that some of our leading American cities are making provision for new open spaces. Indeed, there is scarcely a representative city—excepting Pittsburgh, of course—in the Union which is not to-day bestowing some attention upon the subject of its interior adornment by means of parks and other open spaces, as well as wide and long park-ways; and this is not a question demanding the attention merely of physicians and leaders in social reform, but of all citizens also.

Washington can boast of an ideal park system, with which that of no other city can be compared. In 1866, Chicago began to take decided steps toward creating public parks, and it now ranks next to Washington in point of desirable features in the arrangement of its interior open spaces. In Boston the subject has been before the people for many years, and the excellent results accomplished there are well known to students of municipal history; and the same thing is true of St. Paul, Minneapolis, and of Providence. In New York the movement began in 1881, and already much has been done in the direction of opening up new pleasure grounds. As late as May, 1888, Philadel-

¹ Dr. T. Newell, Interior Open Spaces.

¹ Park Areas and Open Spaces in American and European Cities. Reprint from publications of the American Statistical Association.

phia was awakened to the necessity of creating additional park areas through the influence of a few public-spirited men and women, who about the same time formed the "City Parks Association." This is an active organization which has already achieved excellent results and has been the means of giving Philadelphia five new and valuable public parks.

ANTISEPTICS IN NORMAL LABOR.¹

BY G. W. H. KEMPER, M.D.,
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I have practised medicine in civil life twenty-four years, and during that time have attended nine hundred cases of labor, recording a concise history of each case. This number does not include cases I have seen in consultation. In none of the nine hundred cases have I used a single antiseptic measure—in the sense that we apply that term at the present day. I have refused to attend obstetrical cases when I was treating bad cases of erysipelas and scarlet fever, although I have attended a woman and performed version, while her husband was lying in an adjoining room with facial erysipelas. I have, also, attended a woman in confinement who was suffering with phlegmonous erysipelas at the time; and yet, fortunately, no untoward results occurred. I have tried to prevent myself from becoming a "walking pestilence," and aimed to go to every case with "clean hands." I have, when consulted, given proper advice to women in their approaching confinement; but I have never administered, nor caused to be administered, to any woman, any of the popular antiseptic remedies before or after parturition.

Of my nine hundred cases, two of the women died. The first one died as the result of puerperal convulsions, on the seventh day after her confinement, and the second died of acute pneumonia, on the ninth day after her confinement, the initiatory chill having occurred the day preceding the labor. Both women were primiparæ. I have met with no severe case of puerperal fever among my nine hundred cases. To prove that my cases were of the average gravity, I will add the following statistics: of the 900 cases, 299 were primiparæ, and 601 multiparæ. There were 13 cases of twins, and 887 single births; so that 913 children were born. Of these, 874 pre-

sented by one of the several head presentations; 36 were breech or footling, and 3 were shoulder presentations. I had 8 cases of puerperal convulsions; 9 cases of *post-partum* hemorrhage; 8 cases of adhesion of placenta, and 4 cases of placenta prævia. I performed version three times, and cephalic version once. In one case inversion of the uterus followed the expulsion of the placenta, and was corrected at once. Finally, I used the forceps 27 times.

My practice reaches back to a period antecedent to the days of Listerism—to days when we had not heard of the new "Gospel of Antiseptics." Prior to that time, I met with cases that would properly have been treated by this class of agents. For instance, I reported a case to this Society in which a dead fetus was carried in the uterus for four or five months, to the great detriment of the mother; and I have met with a few other instances in which the fetus had been dead for a shorter period. In all of these cases, with no vaginal irrigations, the patients made a good and speedy recovery. Suppose that in all these cases I had used medicated injections into the uterus, and applied pads to the vulva; what valuable encomiums I could bestow upon the practice—the *post hoc ergo propter hoc* error.

In presenting my views upon this subject, I am quite aware that I shall antagonize the opinion of gentlemen who hear me. At the meeting of the Indiana State Medical Society last year, when my friend, Dr. L. N. Davis, read his paper on the "Progress, Practice and Obstetrical Record of the Country Doctor," it was apparent that some of his statistics were disbelieved. He stated the mortality of several country practitioners, residing in his locality, as follows:

Dr. J. T. Chenoweth,	1600 labors.	1 death.
" Thomas Botkin,	525 "	5 deaths.
" N. T. Chenoweth,	708 "	2 "
" A. H. Farquhar,	500 "	2 "
" J. S. Blair,	419 "	2 "
Total,	3752	12

No antiseptic precautions had been taken in the practice of these five physicians, and yet the total rate of mortality to mothers, in 3,752 labors, was 12, or one in every 312. I have the honor of a personal acquaintance with the physicians just mentioned, and, when they furnish obstetrical statistics, I trust them as implicitly as I do statistics furnished by physicians in lying-in hospitals. I am not aware that a country prac-

¹ Read at the meeting of the Indiana State Medical Society, May 2, 1889.

tioner is more prone to exaggeration than his city brother, nor have I understood veracity to be an exclusively urban product, or that falsity was indigenous to rural localities. Who furnished the wonderful obstetrical statistics collated by Churchill? Were they not masters in lying-in hospitals? And so our statistics at the present day are largely compiled from hospital records. For this reason, when statistics are furnished by men who practise in healthy, rural districts and the mortality is shown to be light, skeptics are disposed to charge a *suppressio veri*.

A class of recent converts to antiseptic measures has sprung up in this country and has introduced the practice into lying-in hospitals. Great success has attended their labors, and they are deserving of praise; for the death-rate has been very materially lessened. In their great zeal in this good work they blindly accuse all who do not avail themselves of these aids, of criminal negligence. A striking example of this indiscriminate accusation is found in the "American System of Obstetrics." Dr. George J. Engelmann contributes an article to the first volume, on the "History of Obstetrics"; and, on page 64, in speaking of antiseptics, uses this extravagant language: "Such is the perfection of obstetric art in the hands of the masters of the art, and in lying-in institutions; whilst in private practice, in the homes of comfort, with the attendance of the best practitioners and the care of good nurses, many a young mother yields her life to the dangers which still accompany home confinement. We are told that the records of a prominent insurance company reveal a mortality of 17 per cent. in private practice, and that among the better classes." It is remarkable that Dr. Engelmann should allow the statement that "the records of a prominent life insurance company reveal a mortality of 17 per cent. in private practice, and that among the better classes," to pass unchallenged. In a foot-note, the Editor, Dr. Hirst, corrects the error, and says: "Extensive investigation has shown the mortality of confinement cases in general practice to be about 1 per cent." If Dr. Engelmann and Dr. Hirst design these figures to indicate the mortality of child-birth in the cities, I have no facts bearing upon the question either for proof or for disproof. The statistics I have furnished to-day show that even the ratio of 1 per cent. is entirely too high for our country practice. Dr. Bradbury, Health Officer of Delaware County, in which I reside, informs me that during a

period of six years and eight months, in which records have been kept in that county, 4,444 women have been delivered, and of that number 34 died—a ratio of about seven and a half deaths to 1000. This mortality represents the practice of all kinds and qualities of practitioners, including midwives. Ten of the thirty-four women died from accidents which were not amenable in the least degree to antiseptic precautions. Hence our country practice, in the hands of promiscuous practitioners, without antiseptics, presents a more favorable aspect than does the hospital practice in large cities, with antiseptic precautions.

Probably Dr. H. J. Garrigues, of New York, is one of the most ardent, if not the greatest, advocate of antiseptic midwifery in this country, as shown by his work on that subject, which was published last year. I quote from his book: "I believe that by far the greatest number of general practitioners yet conduct their deliveries in the same way that they learned at college many years ago, and which they have been accustomed to follow since they began to practice."

"Some tell us, when the question is discussed in our public societies, that they have delivered so and so many thousand women, and never lost one of puerperal fever, and they have never used other precautions than common cleanliness. Either their memory fails them, or they have a convenient definition of puerperal fever; in consequence of which puerperæ die of peritonitis, metritis, pneumonia, pleurisy, heart disease, liver complaint, kidney trouble, meningitis, typhoid fever, etc., but never of a disease the mere mention of which, septicæmia, would teach the propriety of adopting the antiseptic treatment. To this class I would say, that, if they keep notes of their cases, and will study them in the light of our modern experience, they will find that after all they have not lost so very few patients in child-bed—probably not less than one in a hundred, and that all those diseases of which they have died are precisely the same as those of which our patients used to die in lying-in asylums."

"General practitioners," who "conduct their deliveries in the same way that they learned at college many years ago," may not feel complimented at being told they have learned nothing new since they began to practise midwifery; but they will feel some degree of compensation in learning that a teacher like Dr. Garrigues has made progress and no longer confounds "pneu-

monia, heart disease, liver complaint, kidney troubles, meningitis, and typhoid fever" with puerperal septicæmia! If Dr. Garrigues will take the pains to examine the records of competent general practitioners, he will find that the mortality of lying-in women is not so great as he imagines, and that antiseptics are not a panacea for the mistakes and ignorance of incompetent practitioners. The paraphernalia and details of antiseptic midwifery, as laid down by Thomas, Garrigues, and some other writers, is expensive and tiresome. In hospitals and cities, where the services of trained nurses can be secured, the system can be practised. In the country, as a rule, women are not visited at all after confinement by the attending physician, or only once or twice. In many instances they are left to the care of a member of the family, or more commonly to the care of a servant-girl, who fills, at one and the same time, the responsible positions of nurse, cook, and chambermaid. In cities it is the rule to engage physician and nurse for the lying-in, and needed preparations are made. The reverse is the rule in the country. I have been called to strange homes and greeted at the threshold with such words as: "Hurry in here, Doctor; this woman needs you quick." And I have, without even the formality of an introduction, witnessed a number of deliveries within five minutes after my entry into the house. In such cases the time for the ante-preparatory, antiseptic treatment of Prof. Thomas would not equal that for the death-bed repentance of a subject of Judge Lynch.

I make no war on antiseptics in general. In surgical practice I observe the rules of our modern teachers and text-books as regards their use. In obstetrical practice I am particular to clean every instrument, by immersing it in boiling water. If the lochia are offensive, I use disinfecting injections; if the perineum be torn, I would sew it under antiseptic precautions. While I would do all this, and even concede more, if necessity would seem to demand it, I do not feel it is necessary in every case of normal labor, when my patient is surrounded by healthy environments, to attempt to carry out a complicated routine of practice which my experience teaches me is unnecessary.

While preparing this paper, I met with an abstract in the *Journal of the American Medical Association*, April 15, 1889, from a letter written by Dr. Robert Barnes to the *British Medical Journal*, that covers

the ground of extremists so thoroughly that I will make short quotation from the paper:

"To see in septicæmia the only evil is to fix all therapeutical energy upon what is commonly understood as antiseptic treatment. This is the course advocated by the more earnest of the septicæmic school. Without affirming that they recognize no other remedies, it is not too much to say that they carry the practice of antiseptic irrigations to an irrational extreme and to the comparative neglect of other important indications. They assume on the other hand that those who deny the exclusive dogma of septicæmia are stricken with therapeutical impotence. 'The doctrine of autogenesis,' exclaims Parvin, 'is a confession of ignorance, the creed of fatalism, the cry of despair . . . the very pessimism of obstetric medicine.' Big words, full of sound, and little else. The truth is that those who take a broad, comprehensive, catholic view of the many factors in the etiology and constitution of puerperal fevers take also a broader, more philosophical, and more rational grasp of the principles of treatment and especially of prophylaxis. . . . The essential thing is to take such a large view of the physiological and pathological processes as will give the right indications to call upon each and all of the therapeutical agents at our command. To fix the mind too intently upon any one of these agents is to incur the danger of neglecting others, and of losing sight of the principles which ought to guide the applications of all as one force directed to one end."

In conclusion I beg leave to submit the following aphorisms:

1. The history of obstetrical practice teaches us that the lying-in hospital has always been a place of danger and mortality; therefore, it is obligatory upon those who have charge of these institutions to utilize every antiseptic measure known to the profession in order to save life.

2. The experience of country practitioners teaches us that women who are confined in healthy, isolated, rural homes are not subject to the contaminating influences of an ochlesis, and consequently do not require all the precautions of those exposed to hospitals, or even to the atmosphere of city life.

3. Country practitioners of medicine will generally show a lower rate of mortality in obstetrical cases than city practitioners, simply for the reason that they practise in

healthier localities, are less exposed to contagious influences, and, possibly, have a healthier class of patients.

4. The insinuations of a number of late writers on antiseptic midwifery, that the death-rate in obstetrical practice of country practitioners is high, are not true, as is shown by statistics.

THE VALUE OF CHLORAL HYDRATE.

BY JEROME HARDCASTLE, M.D.,
CECILTON, MD.

The following cases, occurring in my practice, have made such an impression on my mind in regard to the value of chloral hydrate in the treatment of a variety of conditions requiring a calmative, that I have thought it might be worth while to describe them briefly to my professional brethren.

CASE I. *Puerperal Eclampsia*.—Mrs. N.; aet. 19; primipara; after eight hours' normal labor was delivered of a ten pound boy. For two hours previous to her delivery she had complained of intense cephalalgia; about half an hour after delivery convulsions came on and the patient had two within about half hour. I gave an enema of chloral hydrat, gr. xc, to aq. tepid f 3 ij, and applied a napkin to the anus, to retain it. The woman had one slight convulsion soon after, and, in one hour from the time of giving the first enema, I repeated it, when a quiet and refreshing sleep of four hours was followed by satisfactory convalescence.

CASE II. *Puerperal Eclampsia*.—Julia, colored; aet. 28; multipara; had suffered from cephalalgia from the beginning of labor. In about four hours convulsions set in, and during the fifth one a girl child was expelled. After a short interval, the convulsions returned. I then gave an enema of chloral and she had no further trouble.

CASE III. *Threatened Miscarriage*.—Mrs. S.; aet. 20; primipara; 7 months advanced; on going out the door fell upon her abdomen. Expulsive pains and uterine hemorrhage ensued. Arriving about one hour after the accident, I found the bed and her clothing saturated, the amniotic membranes distended and protruding through the os uteri, which was dilated to about the size of a walnut. I gave an enema containing 90 grains of chloral and applied cold cloths. In about an hour I used 60 grains more. The pains and hemorrhage then soon ceased, and the patient slept several hours. Three

days after she was up and at work. At the expiration of nine months she was delivered of a girl. The child was anemic and fainted from slight causes during the first three years of its life; since which time (the parents having removed) I have not been able to trace its further history.

CASE IV. *Threatened Miscarriage*.—Mrs. H.; aet. 25; multipara; six months advanced; two weeks previous to my visit fell upon her abdomen and had slight pains, which lasted several hours. Upon seeing her I found that the pains had begun three hours before and recurred about every seven minutes. There was no hemorrhage and no perceptible dilatation of the os. I gave 90 grains of chloral by enema, and as the pains did not cease entirely in one hour I gave 60 grs. more. In half an hour she was sleeping quietly. She remained in her room three days, and then resumed her duties, and now, nearly four weeks having elapsed, I find her doing well.

CASE V. *Epilepsy*.—Jim; colored; aet. 8; birth had been effected by forceps; convulsions began to occur soon after and continued about five years, with increasing frequency. His treatment had been with bromides, etc. When called to see him, three years ago, I found that he had been having convulsions about every week, and from six to thirty or more during the day and night. I gave an enema containing ten grains of chloral hourly till relieved. Improvement was very marked. Intervals of a month or more came between the attacks, and there were only from two to four. For the past one and a half years the boy has had only one convulsion every three months (*or four a year*), his general health is good, his memory is much better, and his previously quarrelsome disposition has almost deserted him.

CASE VI. *Eclampsia from Dentition*.—Child; aet. 18 months; suffered with convulsions several hours before I saw it. I gave an enema containing eight grains of chloral, and scarified the gums. Two slight tremors occurred afterward, and the child went to sleep and awoke in about six hours as bright as a dollar.

CASE VII. *Eclampsia from Ascarides*.—Child; aet. 3. I gave fifteen grains of chloral by enema and applied a cold cloth to the head and gave a hot mustard footbath. During an hour the child had two more convulsions. At the expiration of this time, I gave ten grains more, and sleep followed for four hours. I then ordered a powder containing calomel, santolin and

soda, every two hours until four were taken, and the next morning ol. ricini f 3ss; spir. terebinth. gtt. xxx. During the following day the child passed a number of worms, and made a good recovery.

As an anti-convulsive I know of no remedy that equals chloral used in the manner above described. It is often impossible to give it by the mouth, and when it can be given so, its effects are much slower, and it is frequently rejected. I do not think it safe to exhibit chloroform or ether by inhalation, and chloral by the mouth at the same time, as I know of two cases—one surgical, the other obstetrical—in which in the former the patient suddenly expired while being prepared for the operation, and in the latter prompt and energetic measures alone saved her. In the case of Mrs. N. (puerperal eclampsia), mentioned above, I used chloroform inhalations freely and chloral *by enema*, and had no untoward symptoms.

SOCIETY REPORTS.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, May 27, 1889.

The President, ALEXANDER S. HUNTER, M.D., in the Chair.

DR. A. JACOBI read a paper on

Rheumatism in Infancy and Childhood.

He first alluded to the limited bibliography of rheumatism in infancy and childhood. It began with theses on the subject by two of Roger's pupils, written in 1864 and 1865, and with a paper by Roger himself, in 1867; between this time and 1875, when Dr. Jacobi wrote on the subject in this country, about half a dozen other papers had appeared. In 1885, the study was renewed. Dr. Jacobi, on the present occasion, chiefly considered the question of therapeutics of rheumatism in infancy and childhood, although he spoke briefly of some other points. Since he made the statement, fourteen years ago, that these cases occur frequently, only a few have come to recognize the truth which it contains. He thinks the frequent presence of cardiac disease in childhood sufficient proof of the common enough existence of rheumatism. Then there are also cases of rheumatism at this period which manifest no cardiac disease whatever. Wherever there

is any doubt or suspicion of its existence, the heart should be carefully examined; for often the cardiac affection appears to be the first, and perhaps the only clear, symptom of rheumatism. The presence of chorea minor should also lead to a careful examination of the heart and joints, for in not a few cases it is seen at even the very beginning of rheumatism.

The diagnosis in many cases is quite difficult. Fever is a common symptom, but it is also common in any physical disturbance in children. The temperature is sometimes only slightly elevated, and sometimes rises at irregular intervals. The swelling of the joint is apt to be only trifling; and the pain, either arising from pressure or spontaneously, may simulate that due to fatigue, syphilitic disease, etc. The diagnosis is more difficult when only one joint is affected, especially if it is the knee- or hip-joint, which is also often the seat of traumatism and tubercular inflammation. Rheumatism also frequently fails to be recognized because the pains are called "growing pains," a term which should have been dropped long since. Epiphysitis has likewise been confounded with rheumatism.

Turning to the subject of therapeutics, Dr. Jacobi said it has been quite unsatisfactory until modern times. A few indications are furnished by the actual or alleged causes of the disease. For instance, it seems sometimes to be endemic, and when it is so, it is well to remove the child to another locality. It occurs frequently after typhoid fever, diphtheria, scarlet fever, and other infectious diseases; and one should avail himself of this knowledge in prophylaxis. The blood has been found changed in rheumatic fever, being less alkaline; and while this fact is not peculiar to this disease, yet it affords an indication for alkalies, and experience has shown that they are beneficial.

Sudden changes of temperature and of moisture certainly favor the development of rheumatism, especially in those of inherited predisposition. The tendency to be influenced by atmospheric conditions can be modified by the systematic use of cold water. Warm clothing and bedding are called for, as nothing can be more injurious to these patients than exposure to wind and rain.

The swollen and painful joints must be protected against the pressure of blankets by raising the bed-clothing from the limbs, as by inserting the limb through a waste-basket. A wet bandage or pack around the joint is often borne well and is grateful. It should be changed every hour or half hour.

Anæmic children require hot applications, perhaps dry. In very severe cases Dr. Jacobi has sometimes been compelled to administer a few drops of a solution of morphine hypodermically; but as a rule an anodyne applied around the joint, and covered with oiled silk, gives relief from pain. Swelling during convalescence may call for pressure, which can be exerted by means of bandages or collodion, absorption being hastened by gentle massage and the galvanic current, and by the internal administration of iodide of potassium or sodium. He brushes copiously over the swollen part iodoform in collodion. Very old cases with chronic effusion into the joint require aspiration and washing out of the joint.

Endocarditis demands for its treatment absolute rest of the heart and body. For that reason an occasional dose of the bromides or of opium may be beneficial. The ice bag to the præcordial region, or, if that be too heavy, the ice cloth, will do good. It should be remembered, however, that not every murmur indicates endocarditis.

The temperature is rarely high, but there are some cases in which it rises to 104° , or even 107° or more; and in this class occur delirium and other nervous symptoms. The most effective means of reducing the temperature is by the cold pack. Antifebrin, antipyrin, and phenacetine may here be called for. As a rule, salicylate of sodium mitigates the pain, etc., in a short time; but if it produces no effect within from three to five days it should be discontinued. As already stated, alkalies are indicated, and may be administered in the form of bicarbonate of sodium, or of the nitrates, or of the mineral waters. Vegetable acids have been warmly recommended by some. Iodide of potassium and sodium have been justly commended highly, especially where the case shows a tendency to chronicity.

Gonorrhœal rheumatism is sometimes seen in children. It is for the most part confined to one or two joints, as the ankle or shoulder, and is of a subacute nature. The effusion is likely to be excessive, often purulent, and suggests a relationship with pyæmia. A puncture may be made for the purpose of ascertaining the nature of the effusion, and if pus be discovered it should be removed and the cavity thoroughly disinfected. Salicylate of sodium or iodide of potassium and sodium should be continued a long time in these cases. In some cases, during and after an attack of acute rheumatism, small nodes develop in the fascia and periosteum,

consisting of young connective tissue, which are tender, and last from a few days to several months. In a few cases there are hemorrhagic spots. Salicylate of sodium tends rather to promote hemorrhage.

Chronic articular rheumatism is rare in childhood. The treatment is about the same as that of the same disease in adults. Salicylate of sodium is to be administered in these cases only when there is an acute exacerbation. The so-called hydropathic treatment is beneficial. Alkaline waters are necessary, and Dr. Jacobi strongly recommends lithia water to which bicarbonate of sodium has been added.

Muscular rheumatism can be diagnosed occasionally in very young children; but in children from six to twelve years of age it is not very rare. The neck, back and shoulders are most affected. The best preventive measure is the habitual use of cold water.

DR. WILLIAM H. THOMSON said his attention has long ago been called to the influence of climate. It has been said that a cause of rheumatism is cold and moisture; yet it is a common disease among the Arabs and inhabitants of the Desert of Syria, where the climate is very dry and hot during the day. There is one condition, however, to which these people are exposed in common with the inhabitants of cold and moist countries, namely, that the moist skin suddenly becomes cooled during the night following the hot days. This he regards as an important etiological fact. It is an important one also in the differential diagnosis between rheumatism and gout. The latter affection is seen only among persons who use alcoholic drinks, and is due to some error in assimilation. The character of the pulse will distinguish the one affection from the other, it being incompressible and hard in gout, and soft and compressible in rheumatism. Dr. Thomson is disposed to think that in scarlatinal rheumatism there is an approach to a pyæmic condition. He has also in a certain number of cases found an invariable association of acute articular rheumatism and quinsy.

In therapeutics he has a great fondness for the continued use of the warm bath. Among other effects, it is anæsthetic and also renders the urine alkaline. The rheumatic should always wear flannel next the skin. As a further prophylactic he has these subjects use inunctions, especially on the back of the neck and shoulders. He also administers cod-liver oil in chronic rheumatism. He emphasizes the necessity for giving

attention to rheumatism in children on account of the injurious consequences of heart complication. There is no doubt in his mind that a relation exists between chorea and rheumatism. Chorea, so to speak, is a result of the rheumatic poison. In treating endocarditis, he places no reliance upon salicylate of sodium for the treatment of the disease, but like all others he administers it for the joint affection. To slow the heart's action, he gives full doses of aconite. At the same time he renders the blood alkaline. The chest should be protected absolutely against drafts, and for that reason he does not allow it to remain bare under any circumstances.

DR. J. LEWIS SMITH gave the results of his experience at the Out-door Department of Bellevue Hospital during the past fifteen years. In this time he has made the diagnosis of rheumatism in seventy-eight patients under fifteen years of age, nearly all of them under twelve, the majority about the age of eight years. Most of the children did not have rheumatism when brought to the clinic, but the presence of cardiac disease and the past history in many cases formed the basis of the diagnosis. He has seen a number of cases in private practice also, but has not the records. In general, rheumatism in children under two years of age is accompanied by little swelling, and the diagnosis is difficult. In the majority of cases the disease manifests itself in the lower extremities. Parents are apt to call the trouble "growing pains." Of his seventy-eight cases, forty-nine had distinct cardiac murmurs. As to chorea minor, during the same period he has records of sixty-seven cases, in forty-seven of which rheumatism could be excluded. He has been in the habit of using salicylate of sodium or salicylic acid in the rheumatism of children. It is important to stop the disease and prevent endocarditis.

—The Philadelphia *Telegraph*, May 3, says that Dr. Joseph Rogers, whose death was recently announced, was a native of Westmeon, Petersfield, Hants, England, where his great-grandfather, grandfather, father, and brother practised medicine for a century and a quarter. He was the thirteenth of sixteen children, of whom five became doctors. One of his brothers is Professor Thorold Rogers. He was the founder of the Anti-Interment in Towns Association, and for many years was foremost among the sanitary reformers of England.

HOSPITAL NOTES.

CANTON HOSPITAL, CANTON,
CHINA.

SERVICE OF J. M. SWAN, M.D.

Opium Poisoning Treated with Atropia Sulphate.

Case I.—April 2, 1889, at four o'clock P. M., I was called into the city to see a Manchu, aged thirty-six years; occupation soldier; married; his family consisting of a wife and three children. About three hours before the time I saw him, he had swallowed a quantity of opium, with the intention of committing suicide. The amount was estimated at about an ounce and a half of the native prepared, watery extract of opium, which is used in smoking. I found his respirations eight to ten per minute; his pulse 80, full and strong; his pupils contracted to the size of a pin head; and, with considerable difficulty, he could be roused, but not to full consciousness. One twenty-fourth of a grain of atropia sulph. was administered hypodermically, and the stomach-pump was at once introduced, and the stomach thoroughly washed out. There was a strong odor of opium given off from the contents withdrawn from the stomach, but no opium was discovered. A dram of brandy in hot water was administered by the mouth, the hypodermic injections of atropia being continued every ten or fifteen minutes.

At first the patient seemed to improve; but soon the narcosis became deeper. As I worked at great disadvantage and with poor assistants, I had the patient placed in a Sedan chair and rapidly conveyed to the hospital. This consumed about twenty minutes, and when the man was brought into the hospital ward his respirations were not over three per minute; there was no radial pulse; his heart sounds were distinctly audible, but feeble; and deep cyanosis was present. One-twelfth of a grain of atropine was at once given hypodermically, his feet and legs were plunged into hot water up to his knees, and artificial respiration was begun. In ten minutes the second one-twelfth grain of atropine was given, the foot-bath being kept as hot as was at all safe without danger of scalding. Very shortly after a third one-twelfth grain dose of atropia was given, the character of the respirations changed. The inspiration became deeper and spasmodic or catching in char-

acter, showing a marked stimulus of the respiratory centre. The respirations were now five or six per minute, and the pupils partly dilated. Hypodermic injections of brandy were administered three or four times during the evening. The respirations and the pulse slowly but gradually improved, and the stimulated respirations were quite marked during the greater part of the night.

The next morning the patient, though still rather drowsy and depressed, was able to take some nourishment, and by ten o'clock A. M. he was able to sit alone on his bed. Late in the afternoon of the same day he was quite himself again.

There is a diversity of opinion as to the real value of belladonna, or its alkaloid, in cases of opium poisoning. From a physiological point of view we certainly have a strong argument in favor of its use. The best proof of its efficiency is in the practical test. In the case reported above, the physiological effects of the drug were well marked, but not until about *three-fourths of a grain* had been administered. I believe its free use saved the life of the patient. This opinion is not based on my experience in this case alone, but also on my past experience; for, in two cases, in particular, of opium poisoning did I attribute success in treatment to the use of atropine.

Cases of opium poisoning are quite commonly met with among the Chinese, and it is the usual means by which they often commit suicide.

Dentigerous Cyst of the Antrum of Highmore—Operation.

Case II.—March 12, 1889, Mr. Tsing Chan, aged 20, unmarried, by occupation a farmer, presented himself for the removal of a growth situated on the right side of the face. It had been present for three years, and had been gradually increasing in size. It involved the outer surface of the right superior maxillary bone from the insertion of the lateral incisor tooth to that of the first molar, the facial surface of the bone having been pushed outward and upward. Part of the teeth were loosened but none were thrown out of line. Over a small area external to the alveolar process, and at a point over the orbital, there was distinct fluctuation. The roof of the mouth was undisturbed. There was no history of pain having been present to any marked degree, and the man's general condition was fairly good, though he did not present a very robust appearance.

March 19, the patient was operated upon.

A trochar was first introduced at the lower point of fluctuation, and about two ounces of a thin brownish serous fluid were drawn off. An incision was made extending from a point on the upper lip one inch to the right of the median line, upward and outward external to the infra-orbital foramen, thus avoiding the trunks of the infra-orbital artery and nerve, the incision being fully three inches in length. The teeth involved were extracted, and the facial surface of the bone was removed with a small portion of the sac of the tumor, thus exposing the antrum, which was greatly enlarged and lined with the sac. In the posterior part of the cavity there was a fully developed tooth, corresponding in appearance to a lateral incisor, firmly inserted into that portion of the bone lying beneath the floor of the orbit; and from its length it must have reached very nearly through the floor of the orbit. This tooth having been extracted, the entire sac was easily removed, it being but loosely adherent to the bony walls of the cavity. The sac presented a peculiar velvety appearance, and was one-fourth inch in thickness and exceedingly tenacious. The cavity was filled with absorbent lint and the incision carefully closed, an aperture being left external to the alveolar process, for the purpose of dressing and the daily injection of a ten per cent. solution of boracic acid.

The external incision united by first intention, and at this date—twenty-two days after the operation—the cavity is almost closed, and scarcely any deformity is noticed.

Doubt was entertained as to the correctness of the diagnosis in this case, as the signs very strongly indicated disease of the superior maxillary bone, and as the roof of the mouth was not in any way affected. The result showed that the method sometimes used, of evacuating the sac and injecting a strong solution of carbolic acid or iodine would have proved futile. The question arises whether or not this tumor might be called a dentigerous cyst. Usually such a term is applied only to those cysts connected with the normal teeth. In the above case the sac was closely adherent to the abnormal tooth, and on extraction of the same quite a portion remained attached to the tooth.

—The French Ministry of Marine has decided that on and after January 1, 1890, wine furnished to the naval service must not contain more than thirty grains of sulphate of potassium to each quart.

PERISCOPE.

The Severe Vomiting of Pregnancy.

At the meeting of the American Gynecological Society, at Washington, Sept., 1888, Dr. Graily Hewitt, of London, in a paper with this title, said that the difference between the slight and severe vomiting of pregnancy is only one of degree. Many practitioners seem to be able to find no resource in these cases except the induction of premature labor. Severe vomiting may be due to several different causes. These may be classed as non-uterine and uterine. Among the reported fatal causes of the former class are disease of the stomach, liver, and intestines. Mathews Duncan has described a fatal case of "icterus gravis" during pregnancy; Lomer has recently written a paper on the same subject. The second class of causes are due to abnormal conditions of the uterus—such as anteversions and retroversions or flexions, induration of the cervix, and endometritis. Retroflexion of the gravid uterus does not always cause severe vomiting. On the other hand, retroflexion of the non-gravid uterus sometimes gives rise to vomiting. Several cases of impaction of the anteverted gravid uterus have been reported; this impaction is due to the unyielding character of the uterine tissue. By dilating the cervix in cases of vomiting we overcome the tension in the neighborhood of the os internum. As regards treatment, most cases are cured by reducing the displacement, or sometimes by simply supporting the uterus. Severe vomiting may be of reflex origin, due to distension of the uterus. Some observers think that the nerves around the os internum are primarily irritated. There is a close parallel between cases of vomiting in flexions of the gravid and of the non-gravid uterus.

Dr. Fordyce Barker, of New York, said that the subject of the paper was one of great interest, and that the profession was already deeply indebted to Dr. Hewitt for former papers on it. The speaker believes that vomiting during pregnancy is largely influenced by the constitution of the patient. Some individuals can not even ride in a railroad car without feeling nauseated, while others are never affected. It is not strange that a constitutional tendency of this nature is apt to be exaggerated during the period of gestation when there is such a total change in the system. He does not believe that anteversion of the uterus is a potent factor in causing vomiting, and he cited, in sup-

port of this opinion, a case of marked anteversion in which the patient became pregnant and passed through the entire period without experiencing the least nausea. The flexion was not cured by gestation, but recurred after delivery. In another case there was marked retroflexion with absence of vomiting. However, he has seen cases in which vomiting was associated with flexions. He has seen in consultation no less than ten patients who were *in extremis* from severe vomiting, the question of inducing labor having been entertained too late. He has never been obliged to induce labor for this cause, having succeeded in curing the patients without it. There are many methods of treatment, some of them apparently contradictory. Sometimes it is wisest to give the patient what she craves most, as in a case in which he allowed a woman, who had been able to retain nothing whatever, to eat lobster salad, for which she had a longing. The speaker referred to Copeman's method of dilating the cervix, which he had frequently found of value.

Hemorrhage from the Bowel in Typhoid Fever.

Dr. J. A. Lindsay, Physician to Belfast Royal Hospital, in a communication in the *Dublin Journal of Medical Science*, April, 1889, reports two cases of hemorrhage from the bowel occurring in typhoid fever.

In the first case the hemorrhage supervened upon a sharp case of typhoid fever, attended by severe diarrhoea and an unusually high and continuous range of temperature. The hemorrhage, he says, undoubtedly aggravated the case enormously, and death was for some days imminent. In the second case the hemorrhage probably resulted from the patient's continuing to go about and to partake of unsuitable food. It evidently aggravated a case that was already grave through neglect, and was the beginning of the end.

Dr. Lindsay has made an analysis of all the cases of typhoid fever which have occurred at the Royal Hospital during the past twelve months, and thinks the result will throw some light upon the frequency and gravity of intestinal hemorrhage. Including the two cases referred to, the cases number 30. Hemorrhage took place in six instances (20 per cent.), and in two it proved fatal. The remaining patients who had no hemorrhage—24 in number—all recovered. These figures, he remarks, are somewhat unusual. They show 30 cases

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treated, with 2 deaths—a mortality-rate of less than 7 per cent. The mortality from typhoid fever varies considerably; but taking Ireland as a whole, he thinks it is certainly not less than 15 per cent. The death-rate at the Royal Hospital during the past year has, therefore, been rather less than half the average. This record, he says, becomes still more remarkable when it is noted that both fatal cases were instances of relapse, and that the patients did not come into hospital sooner than the ninth or tenth week. Intestinal hemorrhage occurred in 6 out of the 30 cases—a somewhat large proportion. Louis records 134 cases, with hemorrhage in 8 only, and Murchison calculates that it occurs to an appreciable extent only in from 3 to 4 per cent. of cases. All Dr. Lindsay's cases in which hemorrhage occurred were of unusual severity. Of the six, two patients died, two recovered after hope had been almost abandoned, and the remaining two had very sharp attacks. These facts show (as far as they go) that hemorrhage is a very serious symptom, that it is not infrequently fatal, but that the most desperate cases may rally and make a perfect recovery.

As to the class of cases in which hemorrhage occurred, and the stage of the attack, Dr. Lindsay states that his cases support Murchison's statement that hemorrhage is rare in childhood. The six cases were aged respectively 27, 34, 19, 29, 28, 26. Thus, the average age at which hemorrhage occurred was 27, while the average age of the 24 cases in which there was no hemorrhage was 18½ years. As regards the period at which the hemorrhage occurred, the earliest was on the fourteenth day; in two others it occurred for the first time upon the nineteenth day, in a fourth case upon the twentieth day, and in the two remaining cases in the ninth or tenth week. It would appear that the later the hemorrhage the more serious the prognosis. Thus the four cases in which the hemorrhage occurred before the expiration of the third week all recovered, while in the two remaining cases in which it occurred in the ninth or tenth week both patients died.

With regard to his treatment of intestinal hemorrhage, Dr. Lindsay says he has always been accustomed to follow Murchison's instructions, and has given tannic acid, laudanum, and turpentine, with ice externally and ergotin by hypodermic injection. In one of his cases he gave laudanum pretty freely, in spite of the presence of albumin in the urine, and with good results—no

sign of narcotism appearing. He is disposed to think that in intestinal hemorrhage, as in hematocele and other forms of internal bleeding, opium may be given fearlessly, and pushed even to heroic doses. Stimulants are certainly required in some cases, but must be regulated with much caution.

In conclusion, he says that, while intestinal hemorrhage in typhoid fever is a serious symptom, it is by no means usually fatal, and prompt and decisive treatment is called for, and will often prove effectual.

The Significance of a Fœtal Cardiac Rhythm.

M. Huchard has pointed out at the Paris Hospitals Medical Society (*La France Médicale*, No. 46) that the association of tachycardia (great rapidity of heart's beat) with equalization of the two silent periods and similarity of the two sounds is of more serious omen than simple tachycardia. It is found with weakening of cardiac contractility due to degeneration of the heart muscle and extreme lowering of arterial pressure from vascular paresis. Such a condition, therefore, is of grave augury, and the therapeutic indications are to restore the contractile power of the heart by hypodermic injections of caffeine, and that of the vessels by ergotin. He suggests the term "embryocardia," as descriptive of the condition that recalls the rhythm of the foetal heart. In the discussion, M. Labbé demurred to the term, and expressed surprise at the results obtained by caffeine, doubting if it was absorbed, and fearing that it might be injurious in the large doses proposed by M. Huchard. M. Hallopeau thought the diminution of arterial pressure to be the result of the cardiac enfeeblement, and that cardiac rather than vascular tonics were indicated. Ergot of rye is a cardiac tonic. M. Huchard, in reply, said that he employed the term "embryocardia" because it is short and expressive. He asserts that it is safer to give caffeine (in the amount necessary in such cases) subcutaneously than by the mouth, and said the local inconveniences at the seat of a hypodermic puncture can not be counted as against the relief afforded to the grave symptoms of the condition in which he employed it (M. Huchard's prescription was fifteen to thirty grains daily, in from four to ten hypodermic injections). Ergot of rye, he said, acts primarily upon the arterial system, and secondarily on the heart. —*Lancet*, April 27, 1889.

Mr. Stanley on Arrow Poison.

The *Lancet*, April 13, 1889, says that the letter from Mr. H. M. Stanley, which was read at a recent meeting of the Royal Geographical Society, contained an extremely interesting reference to the arrow poison employed by the natives of the Lower Congo district, and it afforded a curious insight into the strange perversions of knowledge by which the advances of civilization are retarded. Mr. Stanley says they were much exercised as to what might be the poison on the heads of the arrows by which Lieutenant Stairs and several others were wounded, and from the effects of which four persons died almost directly. The mystery was solved by finding at Arisibba several packets of dried red ants. The bodies of these insects were dried, ground into powder, cooked in palm oil, and smeared on the points of arrows. It is well known that formic acid exists in the free state in red ants, as well as in stinging nettles, and in several species of caterpillars. This acid is, in the pure state, so corrosive that it produces blisters on the skin, and hence there is little ground for doubting that it was the "deadly irritant by which so many men had been lost with such terrible suffering." The multitude of curious insects encountered, which rendered their lives "as miserable as they could well be," bears out Mr. Stanley's idea that many similar poisons can be prepared from insects.

The Bacteriology of Tetanus.

Professor Bizzozero has just submitted to the Royal Medical Academy of Turin the results obtained by Professor Tizzoni, of Bologna, and Signora Giuseppina Cattani on the bacillus tetani. These investigators took their material from a patient in the surgical wards, the victim of a fracture the seat of which had been contaminated by soil from the ground on which he had fallen. Traumatic tetanus of the most characteristic kind had ensued. Experiments made with the living blood in great quantity, with the median nerve and medulla of the bone taken a little above the point of fracture immediately after amputation of the limb, and also with the brain and spleen after death, yielded negative results, both with the cultures and the experiments themselves. From the material taken from the osseous surfaces of the fracture and from the soft parts immediately contiguous, there were obtained other microorganisms and the "bacilli

spilliformes" of Nicolaier. These latter, inoculated in animals, produced tetanus, followed by death after twenty-four or forty hours. Left to themselves for three months in blood serum slightly solidified at a low temperature, there was again obtained from their inoculation distinct tetanus. Cultures of this liquid yielded a coccus, a short bacillus, and the bacillus of Nicolaier. Such colonies become so intimately fused with others that not seldom the transplantings from them turn out impure. This result probably accounts for the findings of Drs. Belfanti and Pescarolo. In any case Drs. Tizzoni and Cattani are the first, according to Professor Bizzozero, who have obtained a pure culture of the bacillus tetani, and who have kept it such throughout successive transplantings. The sequel of their researches will be awaited with special interest.—*Lancet*, April 20, 1889.

Professor Kremianski on Tubercle Bacilli.

Professor Kremianski, of Kharkoff, whose name is known in connection with the so-called aniline treatment of phthisis, has just published, in conjunction with Dr. Tseslinski, an article in the *Meditsinskiĭ Obozrēnie*, or the importance of frequent microscopical examination of the sputum both for diagnostic and for therapeutic purposes, in cases in which phthisis is or may be present. The patients examined amounted to 931, and they were most of them seen in Professor Kremianski's polyclinic or out-patient department, something like 10,000 microscopical observations having been made during the course of the last two years. In addition, very thorough physical examinations were carried out, not merely by means of the stethoscope, but with the help of the spirometer, manometer, thoracometer, thermometer, and weighing machine. As far as possible, too, very complete notes were taken of the effects of different remedies. Of the 931 cases, tubercle bacilli were found in 570, or in 61 per cent., including cases of the most diverse description, some having cavities, some apex consolidation, and some merely signs of bronchitis or broncho-pleuritis. Thus, of the 570 cases presenting bacilli 220 patients, or 38 per cent., had cavities; 229, or 40 per cent., had apex consolidation; 19, or 3 per cent., had simple "bronchitis"; and 5, or 0.8 per cent., had "broncho-pleuritis." A considerable number (97) of the cases were sent by medical men to have the sputum examined for the

purpose of diagnosis. It was by no means uncommon to find a complete absence of bacilli in the sputum of patients presenting the clearest physical signs of phthisis—consolidation and even cavities. Of 238 patients with cavities, bacilli were absent in 18, or in 7 per cent. Of 419 cases of consolidation, bacilli were absent in 190, or in 45 per cent. Of 54 cases of "bronchitis" they were only absent in 35, or in 65 per cent. Bacilli were never found in cases of uncomplicated emphysema—i.e., where there were no cavities or consolidation in addition. With regard to Professor Kremianski's special method of treatment, while it was only successful in entirely arresting the development of bacilli in about 30 cases, it produced a cessation of the ordinary symptoms of phthisis—cough, debility, fever, sweats, etc.—in about 300 cases.—*Lancet*, April 27, 1889.

Incurability of Syphilis.

Dr. W. R. Gowers, in the concluding Lettsomian lecture upon syphilis and the nervous system (*British Med. Journal*, Feb. 16, 1889) says: "I believe it is literally correct to say that we have no evidence that syphilis ever is, or ever has been, cured." Again he says: "The conclusion that the essential element in the disease resists treatment, and runs its course uninfluenced by our efforts, is in harmony with what we know of other specific diseases due to a poison introduced from without, and communicable from one person to another. There is not any fact whatever to show that a single disease of this kind can be cut short. The course of the acute exanthemata cannot be arrested by any means at our disposal at any stage of their course, and the same seems true of this chronic exanthematous disease. This is eminently true, also, of the disease that stands perhaps nearer to syphilis than any other known malady—leprosy."

With regard to the methods of administration of mercury, he says: "The old method of inunction seems to me to bring the patient under the influence of the drug as speedily as it can be done with safety, and with a certainty incomparably greater than the administration by the mouth. I have been deterred from a trial by the hypodermic method because the published evidence seemed to me not to afford any satisfactory proof of superiority, being destitute of the element of comparison essential to such proof, and because this method seems to afford an opportunity for psychical

influence not free from risk of that which is undesirable. But I would not for one moment suggest that such an influence has entered into the motives or action of those who have used this method." Dr. Gowers believes that full doses of mercury and iodide of potash for from six to ten weeks will effect all that can be achieved in the removal of the syphilitic process. They should be continued only a little longer than is necessary to remove the lesion, being repeated, it may be, after an interval occupied by tonic treatment or by the other of the two chief drugs.

With reference to the consequences of the belief in the incurability of syphilis, he says: "If it is true that we cannot cure syphilis, it is most important to consider how it can best be kept in check. This is why the fact of incurability, if true, is so important. A mistaken belief in curability may dangerously hinder attempts at prevention. If no present treatment can prevent future developments, then it is wise, whether these come or not, to anticipate them. I think a custom, sometimes recommended, is prudent, that every syphilitic subject, for at least five years after the date of his last symptoms, should have a three weeks' course of treatment twice every year, taking, for that time, twenty or thirty grains of iodide a day. If this practice were adopted generally, is it not reasonable to anticipate grave lesions would be much more rare?"

Ectopic Testicle.

Charles Monod and G. Arthaud (*Archiv Gén. de Méd.*, Dec., 1887, say: Ectopic testicle is almost always accompanied by a progressive atrophy of the gland. Three stages of this condition are to be discriminated: 1. The spermatic function may still be preserved. 2. With preservation of the function, perivascular sclerosis and induration of the corpus Highmorianum occur, restraining secretions and producing sterility without atrophy. 3. Finally, atrophy of the gland occurs through connective tissue hypertrophy and disappearance of the epithelium.

They sum up as follows: 1. In almost all cases of ectopic testicle the gland atrophies. 2. No disturbance of function occurs in the beginning; later on, gradual impairment of function occurs. 3. Under the influence of external injuries and age, mechanical restraints to secretion and sterility develop. 4. Progressive sclerosis imparts to the ectopic testicle the conditions of senility.—*Brooklyn Medical Journal*, May, 1889.

Splenectomy for Floating Spleen with Strangulated Pedicle.

Dr. Y. H. Bond communicates to the *Weekly Medical Review*, April 13, an account of a very rare case in which he had performed splenectomy to relieve grave symptoms caused by twisting of the afferent and efferent vessels of the spleen. The patient was a woman, of good health, who had had four healthy children at full term, with no miscarriage, and was five months' pregnant with her fifth child. The symptoms were acute abdominal pain, vomiting, constipation, meteorism, and there was a history of the existence for about four years of a small, hard, movable tumor, about the size of a lemon, in the right iliac fossa. When admitted to hospital the patient was almost in collapse. Exploratory laparotomy was performed March 22, and the condition of the spleen already mentioned was found. The spleen when removed weighed 48 ounces and was $5\frac{1}{2}$ inches wide, $3\frac{1}{2}$ inches thick and $8\frac{1}{2}$ inches long.

The contents of the uterus were expelled early on the morning following the operation. The patient died March 24. The *post-mortem* examination does not seem to have disclosed anything abnormal except general peritonitis.

An Epidemic of Parotitis.

Demme communicates an account of an epidemic of parotitis to the *Wiener med.-chirurg. Centralb.*, vol. xxiv., No. 5. The parotitis of this epidemic was very contagious, and usually affected all children exposed to it except those who were protected by a former attack. The average period of incubation was 8 to 15 days, but one boy, who was brought to the ward from a district in which no cases of mumps had appeared, took the complaint in three days. The duration of the invasion stage was 36 to 52 hours; the symptoms were restlessness and loss of appetite in mild cases, but in severe cases there were intense headache, vomiting, alternate restlessness and somnolence, and even delirium and convulsions. The temperature of this stage was 100° to 101° in mild cases, and 101° to 104° or more in severe cases. The swelling of and around the gland sometimes developed very rapidly—in 4 to 24 hours; in other cases it was so slow that it reached its maximum only in from 5 to 8 days. As a rule, the hardness was limited to the swelling of the gland itself, the surrounding swelling being of an cedematous character. In the majority

of instances both glands were affected, though not in an equal degree. In a limited number the submaxillary and sublingual glands were also involved. The secretion of saliva at the beginning and at the height of the disease, was in a few cases diminished. The lymphatic glands behind and below the jaw were nearly always enlarged, and in anæmic individuals this swelling persisted. The enlargement of the parotid lasted usually from 8 to 14 days. The youngest patient was only 3 weeks old, but the commonest age was from 3 to 7 years. The cases occurred between June 1887 and May 1888, and their total number was 117. Eight were of a severe character, two ending in suppuration of the parotid, while two patients developed acute nephritis, and one suppurating otitis media. Two patients, a boy, three and a half years old, and a girl 7 years old, died in consequence of gangrene setting in. The course was much the same in both cases. When the parotid swelling was at its height a dirty greenish-brown vesicle appeared on the skin; this and its dark blue areola rapidly increased in size and soon developed into an ulcer with a dirty offensive discharge. Progress was very rapid. In the boy, 16 days after the appearance of the vesicle, almost the whole of the parotid gland was eaten away, and the nerves and blood-vessels dissected out. In the girl, the course of the gangrene was not quite so rapid, but there was no other essential difference between them. The gangrene was accompanied by extreme prostration, somnolence, cyanosis, cold extremities, epistaxis, and diarrhoea. The temperature gradually became subnormal.—*London Medical Recorder*, April, 1889.

Harmlessness of Saccharin.

The *London Medical Recorder*, April, 1889, says, with reference to the generally current idea that the use of saccharin is injurious, the following report has been published by Dr. Thomas Stevenson, official analyst of the Home Office:—1. Saccharin is quite innocuous when taken in quantities largely exceeding what would be taken in any ordinary dietary. 2. Saccharin does not interfere with or impede the digestive processes when taken in any practicable quantity. 3. His personal experience is that saccharin may be taken for an extended period without interfering with the digestive and other bodily functions; hence there is no reason to think that its continued use is in any way harmful.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

A NEW TREATMENT FOR CHRONIC RINGWORM OF THE SCALP.

Only those who have attempted to cure a group of cases of chronic ringworm of the scalp can appreciate the disheartening obstinacy of the affection. Ringworm of the body is easily cured by a few applications of tincture of iodine, and so usually is ringworm of the scalp, when treatment is begun soon after infection has occurred. But when the fungus has once penetrated into the interior of the hairs and hair follicles it is sometimes almost impossible to eradicate it, and the longer the affection has lasted in any case, the more rebellious to treatment does it become. The fungus, so far as we know, does not cease to be suscepti-

ble to parasitocides, but the reason why the latter are so slow in acting is that they can not be brought into contact with the fungus, situated as it is deeply beneath the surface of the scalp. One of the most useful suggestions that has hitherto been made, with the view of obviating this difficulty, is that of Mr. A. J. Harrison, of Bristol, England. The results obtained in Philadelphia by the application of Mr. Harrison's method were communicated to the REPORTER, June 23, 1887, in an article by Dr. Herman B. Allyn. Without rehearsing Mr. Harrison's method, suffice it to say, that he employed a solution of caustic potash to soften the hairs and scalp tissues, and when this end was reached, the parasiticide was applied. Two solutions were thus used.

In a communication published in the *British Medical Journal*, March 2, 1889, Mr. Harrison gives what he believes, after considerable experiment and an experience with one hundred cases in two years, is an improvement upon that which has itself produced most excellent results. The author combines the remedies in an ointment composed of: caustic potash, nine grains; carbolic acid, twenty-four grains; lanolin and cocoanut oil, of each one-half an ounce. This ointment may be scented with some suitable oil, and a small portion of it should be rubbed into the affected parts night and morning. The caustic potash contained in it acts upon and softens the hair-matter, and in this way allows the carbolic acid to have free access to the fungus and its hosts of spores. The author thinks there is a decided advantage in leaving, when it can be done, as much as a quarter of an inch of hair; the ointment seems to have better play, and is kept on the part affected.

Those who have tried Mr. Harrison's former plan of treatment will receive his latest suggestion on the subject with great confidence, and will also be glad to learn that shaving of the head and still more, epilation, which is painful to the little

patient and extremely trying to the perseverance of the physician, are both unnecessary and even unadvisable. Carbolic acid is, of course, the parasiticide, and as it is not really an acid, there is, of course, no impropriety in combining it with an alkali.

Ringworm of the scalp is such a dreadful scourge that it may be worth while to mention in this connection the means employed by Mr. Harrison to prevent infection. He applies to the heads of children liable to be infected, an ointment composed of boracic acid and oil of eucalyptus, of each two ounces; oil of cloves, one-half a fluid drachm; and oil of cocoa-nut, sufficient to make six ounces. This makes an elegant prophylactic pomade.

TREATMENT OF CANCER BY ELECTRICITY.

The idea of attempting to limit the advance of malignant growths by means of electricity is not a new one. From time to time powerful electrical currents have been passed through morbid structures, in the hope that their physiological or pathological functions would be so altered thereby as to lead to their disappearance. Thus far these attempts have never led to any great success. Very recently, however, Dr. J. Inglis Parsons, of the Chelsea Hospital, London, has made some new experiments in this direction, and has reported their results in the *British Medical Journal*, April 27, 1889. In this report, which is characterized by a tone which, under the circumstances, is remarkably temperate, Dr. Parsons gives an account of the histories of four cases, in which he applied the Voltaic current, as high as 600 *milliampères*, at intervals, with what he believes to have been an effect calculated to encourage the profession to a further trial of this agent for the treatment of cancer.

It would be a good thing, if the hopes suggested by Dr. Parsons could be realized. But, unfortunately, we see little in his report to warrant them. Although he himself does not press any claim to the establishment of a method of treatment, and reports his cases

in a manner wholly free from exaggeration or over confidence, still they must not be taken without careful and critical investigation. When these are applied to them, we find that they are not of a character to justify any positive conclusions in regard to the influence of electricity upon cancer. This, because some of the four cases are of doubtful diagnosis, and in some the evidence of improvement is so slight that it requires a decided bias to believe that there was anything in them different from what is often observed in others in which there is no treatment at all, and which eventually end in death.

The theoretical explanation of the influence of the Voltaic current on cancer cells offered by Dr. Parsons is interesting; but it must not be overlooked that it is altogether theoretical, and that it is so far entirely unsupported by any reliable observation.

We have devoted this much space to the matter under discussion, because there are some things in the report which are calculated to incline the reader very favorably to whatever the writer may advocate, and there seems to be some danger that this inclination may lead to too ready an acceptance of a very attractive and tempting hypothesis, which is as yet utterly an hypothesis.

FLUORINE AS A REMEDIAL AGENT.

In addition to the Editorial on fluorine in the *REPORTER*, Jan. 12, 1889, it will doubtless interest our readers to know that Dr. Ludwig Polyák, of Görbersdorf, has recently made a careful study of the evidence in regard to the effect of inhalations of hydrofluoric acid in phthisis, and concludes that, so far from being of value, they are absolutely injurious.

His report is contained in the *Wiener med. Presse*, Nos. 6 and 7, 1889, and is of the most conclusive sort. It seems clear, on reading it, that nothing as yet points to a method of utilizing the properties of this important chemical agent in the treatment of pulmonary phthisis.

PATHOLOGICAL ANATOMY OF ESSENTIAL EPILEPSY.

The exact pathological anatomy of idiopathic or essential epilepsy is still very obscure, so that some recent statements by M. Chaslin before the Biological Society of Paris, at its meeting on March 2, are interesting and may perhaps throw new light on the subject. According to the *Bulletin Médical*, March 6, 1889, M. Chaslin has had occasion to study the brains of several epileptics, and his study has led him to the conclusion that certain lesions, described under the name "cerebral sclerosis," are due to a proliferation of the cells of the neuroglia. He proposes for this process the name "neuroglie sclerosis." Further, he believes the induration at certain points, especially in the horns of the hippocampi majores or in the olivary bodies—which has been long noted in cases of epilepsy—is the external sign of the hidden proliferation of the neuroglia.

According to this view, idiopathic epilepsy would in some cases be due to an excess of development of the connective tissue of the nerve fibres, which Chaslin thinks should be attributed to a lesion received during embryonic life.

IDLENESS AND INSANITY.

The enforced idleness of the male prisoners in the State's prisons of New York, brought about by "the friends of labor," has proved a great misfortune to the convicts. Labor is just as essential to their well-being as it is to that of the citizen at large, if not more so. The increase of sickness, and especially of insanity, has been very marked since their regular employment was legislated away from them. The wardens have noticed, and reported, a falling off in their physical strength, while the medical attendants have found mental derangement and sexual perversion result from the idleness and solitary confinement. One of the surgeons resigned lately, and took occasion to express his conviction that a condition of

misery would soon follow with which he would be powerless to cope; that, whereas formerly few of the convicts became sick, and rarely did one go insane, lately the hospital has been kept full, and as many as two and three have become fit subjects for transfer to the State asylums. Furthermore, as the prisoners are almost constantly going crazy and becoming more or less violent, in consequence, the danger to the physicians, attendants and their fellow prisoners was vastly increased.

CONSOLIDATION OF MEDICAL JOURNALS.

One of the most interesting signs of the times is to be found in the practical application of the belief that there are in this country altogether too many medical journals. One who is in a position to see how many useless and relatively worthless medical journals start into existence, from time to time, finds it not unnatural to regard with a sense of satisfaction the high rate of mortality that prevails among them. On the other hand, many journals which have already obtained a certain recognition by the profession, though unworthy representatives, from time to time succumb. In addition to this—a much more rare occurrence—once in a while worthy periodicals, which have existed as rivals in the same field, come together as allies, and continue the work which they have begun, with united force and with improved prospects of success.

An occasion of the latter kind is found in the combination of the *Medical Press of Western New York*, and the *Buffalo Medical and Surgical Journal*. The number of the *Medical Press* for June, 1889, contains an exceedingly interesting valedictory editorial, in which Dr. Roswell Parke explains the excellent reasons for which the combination has been made. The result of this combination cannot, we think, fail to be advantageous to the medical profession of Western New York, which has already been ably represented in the two journals, but which must be better represented when all appear-

ances of rivalry between them have disappeared.

The high character of both of these periodicals has always made them welcome visitors to the tables of their contemporaries, and it is a great satisfaction to know that their excellent qualities will hereafter be united in one journal which must be stronger and better than either could be alone.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

THE PSYCHIC LIFE OF MICRO-ORGANISMS. A STUDY IN EXPERIMENTAL PSYCHOLOGY. BY ALFRED BINET. Translated from the French by Thomas McCormack. Small 8vo, pp. xii, 121. Chicago: Open Court Publishing Company, 1889. Price, 75 cents.

This is one of the most interesting books which have come to our table for a long time. The author traces the manifestation of mental activity down into the very lowest forms of animal, and even to those of vegetable life. As an illustration, he says of the hunter Infusoria, that they are constantly running about in quest of prey; but this constant pursuit is not directed toward one object any more than another. They move rapidly hither and thither, changing their direction every moment, with the part of the body bearing the battery of trichocysts held in advance. When chance has brought them in contact with a victim, they let fly their darts and crush it; at this point of the action they go through certain manoeuvres that are prompted by a guiding will. It very seldom happens that the shattered victim remains motionless after direct collision with the mouth of its assailant. The hunter, accordingly, slowly makes his way about the scene of action, turning both right and left in search of his lifeless prey. This search lasts a minute at the most, after which, if not successful in finding his victim, he starts off once more to the chase and resumes his irregular and roving course.

In like manner the author discusses a variety of phenomena which indicate purposive actions in protozoans and microphytes. His book is admirably conceived, and excellently written, and cannot fail to interest those who have any inclination to study the powers and possibilities of beings below us in the scale of life.

LITERARY NOTES.

—The *Weekly Medical Review*, of St. Louis, Mo., announces that beginning with the first issue in July it will appear in a new dress, and be enlarged to the size of the *New York Medical Journal*. The subscription price will remain unchanged.

—William Blaikie, author of "How to Get Strong, and How to Stay So," and "Sound Bodies for our Boys and Girls," will write, in *Harper's Magazine* for July, upon the question: "Is American Stamina Declining?" and will make a number of practical suggestions for reforming our system of education in the direction of physical training.

NOTES AND COMMENTS.

The Purification of Sewage.

Science, April 12, 1889, says the plan proposed by Mr. W. Webster, for the purification of sewage by electrolytic methods, has been tried on a large scale, and with encouraging results. The process is very simple, and is described by the *London Electrician* as follows: "The color, density, and constitution of the London sewage varies from hour to hour in the most extraordinary manner; but the first sample to be dealt with was of a light-yellow color, looking something like weak tea with a little milk in it, but, so far as could be seen, it contained very little solid matter in mechanical suspension. This having been poured into a test-jar, a current was passed through it between a pair of iron electrodes, with about six volts electro-motive force. An extremely rapid effect was produced. In less than two minutes the jar was seen to be filled with a flocculent precipitate, which was gradually carried upward by the bubbles of liberated hydrogen. After about three minutes, the electrodes were withdrawn, and the precipitate left to collect at the top. In actual practice, after the effluent has passed into the settling-tank, the precipitate, in the course of about two hours, loses the whole of the entangled hydrogen; it then sinks to the bottom of the tank. The sludge thus formed is similar to that produced by the chemical processes now in use, except that the electrical method possesses the obvious advantage that the total quantity of material has not been increased by the addition of chemicals." But, besides this precipitation, there is an action on the organic matters in solution which robs them of their unpleasant and harmful properties. In the larger experiments, carried on at Crossness, two 20-horse-power engines are used, with an Edison-Hopkinson dynamo. Iron plates are placed in the shoot through which the sewage is discharged. In travelling along the shoot, every particle of the sewage comes in contact with the plates, and finally the whole is received into the settling-tanks. With 27 horse-power, it is possible to treat a million gallons of sewage in twenty-four hours. The consumption of iron in actual working is about two grains per gallon. Taking a town with a daily flow of ten million gallons of sewage a day—corresponding to a population of about 300,000—the consumption of iron should not exceed 304 tons per annum,

and the steam-plant required would be about 250. This plant takes the place of the mixing-tanks, machinery, and chemicals employed in the chemical process for the purification of sewage; and, if such electrical plant is designed to meet the peculiar requirements of the district, it should cost less than any other method, besides precipitating and purifying in one operation.

Bicarbonate of Sodium and Bichloride of Mercury in the Treatment of Yellow Fever.

In the *Therapeutic Gazette*, August 15, 1888, Dr. George M. Sternberg suggested the use of bicarbonate of sodium and bichloride of mercury in the treatment of yellow fever. At Decatur, Florida, in the following October, the yellow fever prevailing was of a most malignant type: of 10 physicians practising in the infected area, 9 had yellow fever and 5 died. The treatment referred to was then tried. In the *Gazette* for May 15, 1889, Dr. Sternberg states that 32 white and 32 colored patients were subjected to the treatment by four physicians; of this number, only 4 died—all white. Dr. Mitchell writes from Jacksonville that he treated in all 216 cases of yellow fever, and that the mercury and soda gave the best results. As the result of experience with the bichloride and alkaline treatment, Dr. Sternberg suggests for further trial the following formula, which is a modification of the one first suggested:

Sodii bicarb. 3 iv
Hydrarg. chlor. corros. . . . gr. ss
Aque puræ Oil
M. Sig. One and three-fourths ounces every hour; to be given *ice cold*.

Important Notice to the Medical Profession.

The Department of the Interior, Census Office, at Washington, has just issued a circular calling attention to the fact that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining even an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satis-

factory system of State and municipal registration.

In view of this, the Census Office, during the month of May, 1889, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them were used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the "Census Office," Washington, D. C., and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it. It is promised that all information obtained through this source shall be held strictly confidential.

Quinine Rash.

At the meeting of the Clinical Society of London, March 8, 1889, Dr. Burney Yeo gave an account of several attacks of a quinine rash which he had personally experienced. The first attack occurred in August, 1887, while he was taking two grains of quinine three times a day for a cold in the head; the second about two months afterward, when taking quinine in the same doses for the same purpose; the third, in Rome, in January, 1888, after a single dose of three grains. The true nature of the eruption was not suspected in the first attack, and doubted in the second, as the author had repeatedly taken quinine during former attacks of coryza without any such manifestations. Thinking there might be some impurity in the quinine, the author in May last obtained a different sample, the purity of which was vouched for, and, after taking two doses of three grains each, the rash shortly made its appearance as before.

Some time afterward he again tested himself by a very small dose, hoping thereby to establish a tolerance of the drug, but a single dose of a quarter of a grain was rapidly followed by precisely the same cutaneous manifestations. The eruption, which the author fully described, assumed the same character and distribution on each occasion, and was of an erythematous nature, in patches of various sizes and forms, most of them a little raised above the surface. A remarkable fact was that on every occasion it was strictly limited to the lower extremities, extending up to the groins, but never passing beyond that limit. There was no constitutional disturbance. The author having referred briefly to the history of quinine rashes, concluded the paper with some interesting reflections and inferences on the remarkable fact that a drug which had been for years, and quite recently, perfectly tolerated, should suddenly in the same person cause such decided cutaneous disorder, and in such minute doses. In answer to a question by Dr. Powell, whether any actual febrile phenomena attended the rash, Dr. Yeo stated that no febrile phenomena had accompanied the appearance of the rash; and that he had experienced no other symptoms of quinine poisoning, and no tenderness of the skin. The eruption was disagreeable at night. He mentioned a case in which similar symptoms had followed the ingestion of a dose of salicylate of soda. He pointed out that the effects of quinine varied very much according to the form in which it was given. When given in the solid form it sometimes proved unsuccessful, while it gave excellent results when administered in the form of an effervescent draught.—*British Med. Journal*, March 16, 1889.

Ice-bags in the Night-Sweats of Phthisis.

Prof. Rosenbach, of Breslau, recommends in the *Berliner klin. Wochenschrift*, No. 15, 1889, the use of ice-bags for the night-sweats of phthisical patients. These bags, moderately filled, are laid during several hours of the night upon the abdomens of the patients. This remedy, he says, is generally well borne, especially by those patients who have a rise of temperature in the evening, and is of service in many cases in which atropine and the dusting of the body with powdered salicylic acid have failed. The bags, he says, can be used for many nights without harm to the patient.

Execution by Electricity.

The Philadelphia *Evening Telegraph*, June 10, says: The appeal made by Kemmler's counsel from the decision of the Buffalo Courts, on the ground that electric execution is "cruel and unusual," will be supported by many electricians of this city, some of whom, it was rumored to-day, are so opposed to the new method of execution that they have opened their purses to pay counsel fees to the condemned man's lawyers. A large number of electricians were interviewed this morning on the main feature of the appeal, namely, that "electrocution is cruel." Every one of them said that the new method is not only cruel, but extremely uncertain. Ralph W. Pope, Secretary of the American Institute of Electrical Engineers, said: "This killing by electricity will prove to be more cruel than hanging, shooting, beheading, or any modern civilized method of execution, because it is the most uncertain, and the criminal must undergo more protracted mental agony during the preparations. We do not know yet just what amount of electricity will kill a subject. Different individuals have different powers of resistance, and not only that, but the power of resistance in the same man may vary very greatly within half an hour or less. Take Kemmler, for instance. A half hour before turning on the presumably fatal current he is 'tested.' There is no assurance of the correctness of this test.

"Of course the sure method would be to apply tremendous pressure, 5,000 volts or more. But then it is extremely possible that the body would be horribly mutilated in that case. It is not difficult to imagine the preliminary sufferings of the man. He must sit in the chair in an agony of expectation, while the executioner and his assistants are running about for an hour or more preparing the apparatus, he not knowing at what moment the current might be turned on; and then suppose, as may happen, that the shock should not prove fatal."

Creasote Pills.

In the *Gazette Hebdomadaire*, May 10, 1889, Dr. Charles Eloy gives the following formula for making creasote pills, which are useful especially when cough and diarrhoea exist:

Creasote	gr. xxx
Acetate of lead	gr. iv
Extract of opium	gr. iii
Syrup	
Gum arabic aa q.s. ad faciendas pil. No. c.	

Administration of Belladonna in Whooping-Cough.

Dr. Éloy writes in the *Gazette Hebdomadaire*, May 3, 1889, that belladonna may be administered during the catarrhal period, during the spasmodic stage, and in the decline of whooping-cough.

In the catarrhal period it is useful to combine with it other calmatives. Simon recommends the following formula:

Tincture of belladonna	
Tincture of aconite root	aa gtt. x
Cherry laurel water	f 3 iiss
Lime (fruit) water	f 3 iii
Syrup of lettuce	f 3 i

M. Sig. Spoonful every three hours.

In the spasmodic stage, following Hufeland and Trouseau, Vienna physicians prescribe the powder of belladonna.

For small children, Bamberger gives morning and evening one of the following powders:

Powder of belladonna root	gr. iss
White sugar	gr. lxxv

M. Div. in pulv. No. x.

To older children, Monti administers two or three times a day one of the following powders:

Belladonna root	gr. iss
Bicarbonate of soda	
Pulverized white sugar	aa gr. xxiii

M. Div. in pulv. No. x.

Belladonna may also, as suggested by Monti, be combined in a powder with quinine, of which he gives two or three a day:

Powdered belladonna root	gr. iss
Sulphate of quinine	gr. viiss
Powdered white sugar	gr. xxx

M. Div. in pulv. No. x.

The tincture of belladonna may be administered pure—following the example of Bamberger and giving from two to fifteen drops a day, in three or four doses according to the age of the patient, watching the state of the pupil and for symptoms of poisoning—or in the following draught:

Tincture of belladonna	gtt. ii-vi
Gum julep	f 3 ii

M. A coffeespoonful every two hours.

In the intense form, Ellis recommends extract of belladonna, and especially the following mixture:

Extract of belladonna	gr. ½
Bromide of potash	gr. 6
Syrup of poppy	gtt. xv
Water	℥ lxxv

M. For one dose.

This dose is increased, if necessary, up to five-sixths of a grain of the extract a day,

if it is well borne, watching closely the action of the remedy.

In the period of decline, it is still proper to prescribe belladonna, according to M. Simon, but in association with tonics—cod liver oil, iodide of iron, and quinine.

Some Abuses of Etherization.

In a paper on this subject in the *New York Medical Record*, Feb. 23, 1889, Dr. George F. Shradly recommends the following precautions in order to avoid many of the abuses of anæsthesia:

1. In commencing the administration of ether the gradual method is to be preferred.

2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.

3. After the stage of primary anæsthesia is reached, the more pure ether vapor the patient breathes the better.

4. The shorter the time of anæsthesia, and the smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.

5. The more evenly it is administered the less shock to the patient.

6. Anæsthesia should be entrusted to experienced administrators only.

7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.

8. The minimum amount of force should be employed to restrain the muscular movements of the patient.

9. Mixed narcosis is often advisable for prolonged operations.

10. The utility of the galvanic battery, in threatened death, is yet to be proven.

11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermic stimulation, inhalation of nitrite of amyl, and inversion of the body.

Strophanthus for Dyspnoea.

Demme, according to the *Deutsche med. Wochenschrift*, April 11, 1889, has recommended the use of strophanthus in the case of children affected with dyspnoea in the course of chronic nephritis, in bronchial asthma, and in whooping cough, and also to obviate dropsy in conditions of low blood pressure. He gives three drops (of the tincture) four or five times a day, and says that as a rule strophanthus should not be given to children under five years of age.

Bichloride of Mercury in Anæmia.

Dr. A. M. Cartledge, Demonstrator of Anatomy in the Kentucky School of Medicine, contributes a paper on bichloride of mercury in anæmia to the *American Practitioner and News*, May 11, 1889. He believes mercury has the power of causing absorption of lymph deposits and of relieving glandular engorgement.

In the anæmia of women the subject of disease connected with the organs of generation, he says he knows of no one constitutional remedy the equal of mercury. Nearly all of these cases are the subject of lymph deposits and ovarian congestion, which is best met by an agent which so decidedly facilitates healthy gland action. In the chlorosis which is so often a manifestation of struma, he says the bichloride of mercury with iron will often effect a cure where iron alone fails. The great good mercury does, especially as calomel, in relieving acute glandular engorgement, is appreciated. What he thinks we need most to be impressed with is its great virtue in relieving those often obscure and chronic obstructions to gland action which exert so potent an influence for evil in the economy.

Treatment of Rheumatism.

At the meeting of the Clinical Society of London, April 16, 1889, Dr. W. N. Maccall read a paper upon the treatment of the various forms of rheumatism. After reviewing the previous treatment of acute rheumatism, during the last twenty-five years, Dr. Maccall considered the value of the present routine treatment by salicylic acid and its allies or derivatives under the following headings: 1. In relieving pain and lessening fever in acute rheumatism, the salicyl treatment is undoubtedly the most effective known. 2. The salicylates do not prevent the rare complication of hyperpyrexia, and are absolutely useless in its treatment. 3. It is doubtful if they prevent endocardial or pericardial troubles, the percentage remaining about the same (50 per cent.) since the salicyl treatment as before. They seem to have no influence in curing these troubles when they do occur. 4. There is no proof that the salicylates prevent relapse. 5. It is not proved that the salicylates lessen the duration of the disease, nor that they prevent anæmia. With regard to the particular form of the remedy, most writers recommend, and Dr. Maccall agrees with them, salicylate of soda in twenty-grain doses, at first every hour for three or four

hours, according to circumstances. It should be continued in diminishing doses for at least eight or ten days after all pain and pyrexia have ceased, and in most cases should be followed by iron. Salicylic acid, salicin, and salol may be tried in exceptional cases where the soda salt is not well borne. In young children, antipyrin may be substituted with advantage. In convalescence, Sir A. Garrod's alkaline mixture followed by iron was recommended; and if any joint remain stiff or swollen, blistering or painting with iodine is useful.—*British Med. Journal*, May 4, 1889.

Abortive Treatment of Gonorrhœa after Cocaine Anæsthesia.

A member of the Society of Medicine and Pharmacy of Isère treats gonorrhœa in the following way (*Jour. de la Soc. de Méd. et de Phar. de l'Isère*, Dec., 1888): He first washes out the urethra with a large amount of aseptic water, and then fills it with a ten-per-cent. cocaine solution. After leaving this injection in for about five minutes it is allowed to escape, and what remains is washed out with more sterilized water.

The urethra now being anæsthetized, an aqueous solution of silver nitrate, of the strength of 1 to 25, is injected into the urethra as far as any inflammation is supposed to exist. This application, he says, neither produces nor is followed by any pain.

The complete removal of the cocaine solution is necessary, because of the incompatibility between the silver solution and the hydrochlorate.

As the discharge lessens, a sulphate of zinc solution, 1 to 500, is generally indicated.—*Medical Analectic*, February 21, 1889.

A Large Bill.

A New York paper states that the estate of a late eminent statesman and lawyer is about to be sued for a bill of medical attendance covering visits over 2,200 in number, the value of which is placed at \$143,350. If the question of overdue interest does not enter into the account, the average value of these services would be about \$65.10 per visit. During a part of the time, however, the physician was in constant attendance upon his illustrious patient, and there is a strong presumption that he will be able to prove his case and win his bill.

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Salicylates in Pruritus Senilis.

In one of his recent lectures, according to the *Wiener med. Presse*, May 5, 1889, Besnier recommended the treatment of pruritus senilis with the salicylates. In addition to bran baths, Besnier recommends washing of the body every evening with water to which two tablespoonfuls of the following solution have been added:

Carbolic acid ʒi
Aromatic vinegar f ʒvi

Then the following powder is dusted on:

Salicylate of bismuth ʒv
Starch ʒii ʒviss

or:

Finely powdered salicylic acid . gr. cl
Starch ʒii ʒviss

Treatment of Typhlitis.

Prof. Bouchard, according to the *Bulletin Medical*, April 24, 1889, says the indications are as follows: (1) to allay the pain; (2) to put the intestine at rest and reduce digestive fermentation to the minimum; (3) to ensure asepsis of the large intestine. The following are the proper procedures to fulfil these indications: 1. To allay pain, apply cataplasms, use mercurial and belladonna inunctions, and administer hypodermic injections of morphine. 2. For nourishment, use milk with an alkaline water or with the addition of yolk of egg; avoid solid or easily fermentible substances. As a laxative, to keep the intestine free, give a teaspoonful of magnesia in sweetened water, or a teaspoonful to a dessertspoonful of castor oil, avoiding violent purgatives. 3. To ensure asepsis of the intestines, wash out the large intestine twice a day with a quart of the following solution, heated to a temperature of 100° Fahr.:

Water f ʒxxx
Borate of soda gr. lxxx
Tincture of benzoin,
Camphorated alcohol aa ʒlxxx

Fatal Injury from Base-ball.

At Dundee, Indiana, two base-ball players came into violent collision, and one of them received injuries which were fatal. It has long been an opprobrium of the English game of foot-ball that so grave—even fatal—injuries frequently result from the misdirected energies of its players; and now to have the American game brought into the same category would be little short of a calamity. The game is universally popular, has much in its favor as an athletic pastime, and is deserving of being so regulated as to be made free from danger to life and limb.

NEWS.

—It is reported that yellow fever exists at Vera Cruz.

—The German Anatomical Society will hold its third meeting in Berlin early in October, 1889.

—Professor Virchow is reported to be engaged in rewriting his great work on Cellular Pathology.

—Prof. Wilhelm Bunsen has resigned his position as Professor of Chemistry in the University of Heidelberg.

—The *New York Medical Record*, June 8, 1889, says that a new case of leprosy is reported to be at the Harlem Hospital.

—The death is reported of Dr. R. Ultzmann, Extraordinary Professor of Diseases of the Urinary Organs in the University of Vienna.

—A man named Hughes, who visited the scene of the disaster at Armagh, Ireland, was so horrified at the sight that he died on the spot.

—Dr. John W. Pearce, of Oxford, Ala., died May 26, at the age of 62 years. He was graduated at the Georgia Medical College in 1857.

—Professor Breisky, of Vienna, the well-known obstetrician, died recently of carcinoma of the sigmoid flexure of the colon. He was fifty-seven years old.

—Dr. J. E. Kunkler, of San Francisco, died in that city May 10, of cancer of the throat. Dr. Kunkler was graduated from the University of the Pacific, now Cooper Medical College, in 1863.

—Professors Virchow, von Bergmann and Waldeyer, the committee entrusted with making arrangements for the International Medical Congress, which meets in Berlin next year, have already held a preliminary meeting.

—Dr. James F. Foulkes died in Oakland, California, May 22, 1889, of diabetes mellitus. Dr. Foulkes studied at Princeton College, New Jersey, and was graduated in medicine from the Jefferson Medical College, in 1852.

—Dr. Lindley, one of the Editors of the *Southern California Practitioner*, has been sued for \$20,000 on account of alleged malpractice. The complaint states that in an obstetrical case (one of version) an assistant of the Doctor's, in moving the patient on the bed, dislocated her shoulder.

HUMOR.

"THERE IS SUCH A THING as carrying a choke too far," as a Colorado horse-thief remarked at a neck-tie social.—*Drake's Magazine*.

PROUD FATHER (showing off his boy before company)—"My son, which would you rather be, Shakespeare or Edison?"

Little Son (after meditation)—"I'd rather be Edison."

"Yes? Why?"

"'Cause he ain't dead."—*New York Weekly*.

PLAYWRIGHT—"It seems to me that if I had a better title for my drama it would have more success."

His Friend—"Call it 'Anti-Fat.'"

Playwright—"Why so?"

Friend—"I see it has reduced the audience more than one-half in less than an hour."—*Terre Haute Express*.

TO BUILD UP HIS SYSTEM.—Dr. Schmerz.—"The trouble, Mr. Tyers, is that you don't take enough exercise." Mr. E. Z. Tyers. "Aw, I confess I don't go in vewy heavy on athletics, doctaw. What could you wecommend as a mild exercise to begin on?" Dr. Schmerz. "H'm! You might stretch your arms over your head when you yawn!"—*Puck*.

OBITUARY.

JAMES ETHELBERT MORGAN, M.D.

Doctor J. E. Morgan, of Washington, D. C., died at his residence, on the morning of June 2, of Bright's disease. Dr. Morgan was born in St. Mary's County, Maryland, September 25, 1822. He was a descendant of the Morgan and the Cecil families of England. His collegiate education was received at St. John's College, Md. He was graduated in medicine at the Medical Department of the Columbian University, Washington, in 1845, and immediately entered into active practice. Shortly after graduation he was appointed Demonstrator and Assistant to the Professor of Anatomy in the University. In 1852, Dr. Morgan was selected as Professor of Physiology in the Medical Department of the University of Georgetown. This position he resigned in 1858, and, at the earnest solicitation of the Faculty, he accepted the chair of *Materia Medica* and Medical Jurisprudence, which he held until the re-organization of the Faculty in 1876, when, with Drs. Noble Young, Johnson Eliot and Flodoardo Howard, he

retired from active participation in the College duties to become Emeritus Professor.

As a lecturer, Dr. Morgan was clear and forcible, and is affectionately remembered by the hundreds of students who graduated under his teachings. Among the official positions he has held may be mentioned, those of Physician to the Washington Asylum and Small-pox Hospital; member of the Board of Aldermen; member of the Board of Health of the District of Columbia; trustee of the Public Schools; Surgeon-in-charge of the Soldiers' Rest; Surgeon-in-Chief to the Quartermaster's Hospital, Washington, from 1861 to 1865. At the breaking out of the war he was appointed Colonel of the 4th Regiment, D. C. Vols. Dr. Morgan was a member of the Medical Association and of the Medical Society, D. C., and of the American Medical Association, having held various offices in each of them.

In 1854, he married Nora, the daughter of William Dudley Diggs, of Maryland, who, with six children, survives him.

Dr. Morgan's published papers are few, and consist for the most part of addresses before the College to which he was attached, and at the medical societies of which he was a member. He retired from active practice some time ago, but was very frequently sought in consultation, especially by the younger members of the profession, to whom he freely gave the results of his ripe experience. Dr. Morgan possessed a large frame and a vigorous constitution, and only a few weeks ago was apparently a well and hearty man.

His death adds another name to the already long list of losses which have befallen the medical profession of Washington. L. E.

JAMES B. HUNTER, M.D.

Dr. James B. Hunter, the well-known surgeon, died at his home in New York, June 10, after an illness of six weeks. Dr. Hunter occupied several prominent positions, having been Attending Surgeon to the Woman's Hospital, Surgeon to the New York Cancer Hospital, of which he was one of the founders, Consulting Surgeon to the New York Infirmary for Women and Children, and Professor of Diseases of Women at the New York Polyclinic. He was a member of various medical societies, and made numerous valuable contributions to current medical literature.